



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*Olympia, Washington 98504*

**WASHINGTON STATE BOARD OF PHARMACY**  
**MEETING MINUTES**  
**June 18, 2009**

Department of Health  
310 Israel Road SE Room 152/153  
Tumwater, Washington 98501

**CONVENE**

Chair Gary Harris called the meeting to order at 9:03 a.m., June 18, 2009.

*Board Members present:*

Gary Harris, RPh, Chair

Albert Linggi, RPh

Dan Connolly, RPh

Rosemarie Duffy, RN, MA, MSN, Public Member, Vice-Chair

Vandana Slatter, PharmD

Christopher Barry, RPh

Rebecca Hille, BA-Public Member

*Staff Member present:*

Joyce Roper, AAG

Susan Teil Boyer, Executive Director

Steven Saxe, Director of Health Professions, Facilities

Grant Chester, Chief Investigator

James Lewis, Investigator

Cathy Williams, Pharmacist Consultant

Tim Fuller, Pharmacist Consultant

Doreen Beebe, Program Manager

Leann George, Program Support

*Guest / Presenters:*

Steve Singer, Bellegrove Pharmacy

Will Barnes, MPH, BCPS

Tom Rowe, PharmD, MBA, BCPS

Heidi McCarthy, PharmD

Jeff Corsentino, RPh

Anita Treis, RPh

Joe Cammack, RPh

Cy Frick, RPh

### **New Executive Director Introduction:**

The Washington State Department of Health, Board of Pharmacy welcomes Susan Teil Boyer to the board executive director position. Susan received her Bachelor of Science degree in pharmacy from the University of Washington. She completed her MS/Residency program in pharmacy practice and administration from Ohio State University in 1981.

Mrs. Boyer was vice president, Pharmacy and Laboratory Services, MultiCare Health System in Tacoma, Washington and vice president, professional services, at Good Samaritan Hospital in Puyallup, Washington, a part of MultiCare Health System.

She served eight years as member and chair for the Washington State Board of Pharmacy from 2000 - 2008. Susan also served as president of the Washington State Society of Health System Pharmacists and member of the Board of Directors of the American Society of Health System Pharmacists.

Susan brings many years of hospital and health-system pharmacy leadership experience. We are excited to welcome Susan to the department and look forward to her expertise and leadership with the Board of Pharmacy.

### **CONSENT AGENDA**

- 1.2** Pharmacy & Other Firm Application Approval.
- 1.4** Pharmacy Tech Training Program Approval.
- 1.6** Sample Distribution Requests.
- 1.7** Board Minute Approval.

Items listed under the consent agenda are considered to be routine agency matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda. **Items 1.1, 1.3, 1.5** have been **deleted** from the agenda.

**MOTION:** Dan Connolly moved that the board approve items 1.2, 1.4, 1.6 and 1.7. Al Linggi second.  
**MOTION CARRIED: 6-0.**

### **REPORTS**

Board Member

*Christopher Barry reported:*

- Chris has been working with William Fassett, WSU Professor on the rules for pharmacy internship.

*Vandana Slatter reported:*

- She attended the Washington Recovery Assistance Program for Pharmacist (WRAPP) orientation and found it to be very educational and informative. It gave her a better understanding of the service WRAPP provides.

*Dan Connolly reported:*

- He did a presentation at the North American Hazardous Material Management Association on Bartell Drugs take back program.
  - The program won four national awards.
- June 10, 2009 Dan met with Assistant Federal Attorney General Ron Friedman, Drug Enforcement Agent chief investigator Estivan Sanchez, and Mike Magan, Seattle Police Department.
  - They are trying to put together programs of best practices for break-ins and armed hold-ups.
  - Washington has become the number one state for armed robberies.
  - Good news is 70% are caught but they continue to do hold ups until they are caught.

*Rebecca Hille reported:*

She attended the Boards and Commission Leadership Spring Conference. This was an informative conference. The main discussion was the Operating Agreement and the budget.

*Al Linggi reported:*

- Mr. Linggi also attended the WRAPP Orientation and found it to be educational and provided a different perspective on the process and the structure of this program.
- He attended the Annual National Association Boards of Pharmacy (NABP) meeting in Miami.
  - A presentation he attended and enjoyed was on the conundrum of what boards of pharmacy and the profession are facing with moral, legal, professional, political and religious aspects of the profession. This presentation was extremely informative.

*Gary Harris reported:*

- Attended the WRAPP Orientation.
- Gary attended the Annual NABP meeting. Gary paid for his flight and also received a grant from NABP for reimbursement for the rest of his expenses.
- He participated in a conference call with Susan Teil Boyer and Rosemarie Duffy regarding the Boards and Commission Leadership Spring Conference.

Board of Pharmacy Executive Director

*Susan Teil Boyer reported:*

- She began her report by telling the board she is committed to being responsive and supportive to the board and to safe patient pharmaceutical care.
- Susan attended the Washington State Pharmacy Association (WSPA) meeting with Grant Chester and Steven Saxe. She spent the day in a couple different sessions.
  - The health system pharmacy break-out session.
  - The WSPA organization business meeting was very good. Susan was introduced as the new board of pharmacy executive director to the WSPA by Steve Saxe.
- Our investigators Dick Morrison and Grace Cheung were item writers at the item writing workshop MPJE at NBAP on June 4<sup>th</sup> and 5<sup>th</sup>. They represented Washington State and acted as facilitators for NABP by assisting in new item writes as well. She shared her appreciation for the dedicated investigators.
- Susan attended the Boards and Commission Leadership Spring Conference with Rebecca Hille. Mary Selecky's update was very informative.

- Operating Agreement.
  - Budget challenges to the Department of Health.
  - H1N1 ongoing issue.
  - The state vaccine in July will no longer provide HPV vaccine.
  - Performance management.
  - Credentialing update.
- Susan served as a delegate for Washington State at the American Society of Health System Pharmacists (ASHSP) meeting. She attended several presentations.
    - Solving wicked problems. This was a presentation on communication.
    - Telepharmacy.
    - State federal update.
    - IV standards.

Assistant Attorney General

*Joyce Roper reported:*

There was a lawsuit filed against the Agency Medical Directors for their recently written Opioid Dosage Guidelines. The agency Medical Directors are composed of medical directors for the various state agencies that deal with health issues including Labor and Industry, Department of Health, Health Care Authority and several others. They came up with a dosage guideline for opioid use.

A group called PAIN challenged the dosage guideline. Their argument is that these guidelines are in violation of the Americans Disability Act, among other claims, preventing them from getting necessary medical care and causing pain and suffering.

The lawsuit was filed in the Eastern District of Washington in the Federal Court. There were flurries of motions that had been filed from both sides. The judge granted the state's motion to dismiss on the basis the plaintiffs did not have the standing to bring this lawsuit.

The judge in the Eastern District court dismissed the case. There is a period for appeal that expires July 2, 2009.

Consultant Pharmacists

*Tim Fuller reported:*

- He participated in the Emergency Response to Swine Flu Pandemic.
  - Set up Receiving and Storage.
  - Staging Regional Strategic Stockpile (RSS) facility.
  - Served as a Quality Assurance Lead.
  - Provided medication policy information.
- Tim has been working with Ala Mofidi and Peter Beaton the economists to complete the Significant Analysis for scheduling Carisoprodol.
- Tim introduced the Washington State University extern Maura Aldrich.
- Reviewing applications:
  - Automated Drug Devices.
  - Collaborative Drug Therapy Agreements.
  - Electronic Prescription Systems.

- Tim is beginning to update a Department of Health reference of “Who can prescribe and administer”.
- May 31, 2009 Tim gave a presentation on Antiviral medications to the RSS Volunteers.

*Cathy Williams reported:*

- Cathy updated the board on The Drug Enforcement Agency’s position on electronic prescriptions for C3-C5 drugs.
- Washington State ranks the highest in the nation for number of pharmacy robberies, as well as number of prescriptions written for opiates and the number of deaths related to prescription opiate use. This is so significant the DEA is requesting meetings with the large chains where the majority of the robberies take place.
- Cathy is receiving a lot of calls regarding the take back program.
- Reviewing applications:
  - Ancillary utilization plans
  - Pharmacy Technician training plans.
  - Requests for Continuing Education Approval.

Chief Investigator

*Grant Chester reported:*

- Jim Doll, Jim Lewis, Tim Fuller and Grant Chester participated in the H1N1 flu exercise in May.
- Jim Doll, Jim Lewis and Tim Fuller worked at the Regional Strategic Stockpile (RSS) where they served in the Quality Assurance role.
- January 2009 thru May 2009 there were 536 firms inspected.
  - 431 of them were routine and 105 were other inspections.
- Grant attended the Northwest Pharmacy Convention. He gave a presentation on state and federal law at this convention.

## **PRESENTATIONS**

### Report of Bellegrove Telepharmacy Program

Steve Singer presented the board with an annual report on Bellegrove Pharmacy’s telepharmacy program. He provided the board with copies of the policy and procedure along with other information on his telepharmacy operations.

#### Bellegrove Telepharmacy Error report

- Dispensed 20,000 prescriptions over a 1 year period.
- 0 errors from telepharmacy equipment.
- 2 shipping errors.
- 1 prepackaging error.

Mr. Singer shared a power point slide/video with the board to show where and how the telepharmacy works in Mattawa, WA.

- Inside of the telepharmacy is a modified storage/exam room

- 3-4 different computers. One or two computers are used for video counseling and one operates the telepharmacy equipment.
- Equipment has excellent resolution which allows everything to be seen easily on and in the medication vial.
- Patient counseling is very private with a voice over IP telephone.
- All medications stored in the equipment are labeled and barcoded.
- Any medication that is sent to the telepharmacy is checked three times.
- Ability to bring up all patient information when counseling a patient.
- The three sites combined average 70 prescriptions a day.

Steve Singer thanked the board for allowing this program so he is able to provide service in these communities. The nearest pharmacy is fifty miles away from these locations.

#### Technician Trained to Obtain Patient Medication History

Tim Fuller introduced Tom Rowe who presented a proposal by MultiCare Health System. The proposal allows trained pharmacy technicians to interview patients to obtain a medication list.

The risk of adverse drug events increases whenever information about a patient's medications is unclear or not appropriately communicated. Complete and accurate patient medication lists are necessary to ensure successful medication reconciliation and to increase patient safety. Under the supervision of a pharmacist, trained pharmacy technicians can enhance the overall medication reconciliation process by helping to obtain a more complete and accurate medication list.

#### Why a Pharmacy Technician

- Educated and trained to recognize drug names and doses.
- Handle many different medications on a daily basis.
- Works under the direct supervision of a pharmacist.
- Logical person to obtain medication list.

#### Pharmacy Technicians Role

- Use various resources to compile a patient's home medication list including:
  - Patient or caregiver verbal report.
  - Written documentation provided by the patient.
  - Information obtained by contacting a retail pharmacy, medical provider's office or other healthcare facility.
- Upon compilation of a patient's home medication list, the list will be made available to the pharmacist in the electronic health record for review.
- Any inconsistencies, questions, or missing information on the medication list obtained is the responsibility of the pharmacist to clarify.
- Pharmacy technician will not gather other patient medical information.
- The pharmacist will sign off on the medication list. This is indication to the physician and hospital staff that the list has been reviewed and is as accurate as possible.

### **Education and Training**

- The pharmacy technician will be trained on the process of obtaining medication lists.
- Patient interview techniques.
- Training with a pharmacist on obtaining and documenting a patient's medication history.
- Successful completion of a competency exam will be required.
- On going education will be provided on a case-by-case basis with pharmacist feedback.

### **Quality Assurance**

- The program will be monitored.
  - On going pharmacist review of the pharmacy technician's work.
  - Feed back from medical staff, pharmacist and technician staff.
- Reconciliation will be done by pharmacist.

### **Board Concerns**

- Is there a training manual or a best practices protocol? If so could you share it with the board?
- What type of drugs does the medication list include?
- What hours of service will the technicians provide this service?
- How many technicians will be trained?
- Will this affect the pharmacist to technician ratio?

**MOTION:** Rosemarie Duffy moved that the board approve the request from MultiCare Health System to allow trained pharmacy technicians to interview patients to obtain a medication list. Rebecca Hille second. **MOTION CARRIED. 6-0.**

Gary Harris added the board would like to have MultiCare report back after a year.

### **Pharmacist-Prescribed Neonatal TPNs**

Dan Connolly led the presentation by introducing Heidi McCarthy, Pharm. D., from Swedish Medical Center. Heidi developed a Neonatal Total Parenteral Nutrition program as her major residency project.

### **Background**

- Swedish has a Level 3 Neonatal Intensive Care Unit.
- Swedish Inpatient Pharmacy has decentralized specialties.
- Pediatric Pharmacy: intravenous/oral syringe, hood.
- Neonatal Intensive Care Unit (NICU) and Infant Special Care Unit.
- Neonatal total parenteral nutrition (TPN) orders.
- Average 15 TPN a day.
- In 2008
  - 6489 deliveries.
  - 804 NICU admissions.
- 10 pharmacists
  - All manage and write adult TPN's.
  - All inpatient.
  - TPN courses in pharmacy schools are often adult-only TPN care.
  - No pediatric, neonatal training.

### **Current TPN Practices at Swedish Medical Center**

- TPN's are prescribed because Neonatologist requests it.
- Standard Care in TPN practice.
  - Create parameters for all neonates.
  - Standardize pharmacy practice in institution.
- Consistency in prescribing.
- Fluid management is critical.
  - Maximize nutrition vs. balancing medication drip.
  - Gestational age/weight of neonate.
- Consistency in prescribing.
- Physiologic Changes.
  - Body water content.
  - Renal Function.
  - Acid-base homeostasis.
- Electrolyte imbalances.
  - Calcium/Phosphorus.
  - Sodium.
  - Magnesium.
  - Potassium.

Heidi McCarthy developed this program with neonatologists and pharmacists.

### **Outline**

- Pharmacist-prescribed neonatal total parental nutrition protocol.
- Approved prescriptive authority collaborative agreement.
- Continuing education credit for pharmacist.
- Training module.
- Practicum.

Future plans for this program are to implement the protocol to enable pharmacists as prescribers. The timeline will be influenced by the pharmacy budget, completion of didactics and collaborative agreement with the Washington State Board of Pharmacy.

### **Remote Order Entry Proposal**

Jeff Corsentino, pharmacy manager from Bellingham St. Joseph Hospital is requesting the board to allow on-call pharmacists to enter medication orders from home.

This would allow staff the ability to work from home when they have constraints. An on-call pharmacist would contribute to the pharmacy department's order entry workload when needed for short periods of time. Some examples would be for meeting coverage or if the workload is becoming particularly heavy. This will decrease their need for overtime and increase staff job satisfaction.

### **Highlights**

- A pharmacist will be on-site 24/7 to handle any situation necessary.



- No patient medical information will be physically located in any off-site area.
- Most of the order entry for the hospital would be done by in-house pharmacists so remote order entry would be the exception for order entry no the rule.
- No patient information will be stored on the computer at the home of the pharmacist's.
- Pharmacists would be connected to the hospital network.
- Access to that network is by password only and is secure.
- Productivity will be monitored for staff working from home.

### **Board concerns**

- Is VPN encrypted?
- Will it affect the pharmacist to technician ratio?
- Can data be transferred from one computer to another?
- Is there a policy where the work can be done?
- Will this be limited to full time shifts?
- Will there be a rotating on-call list?

After further discussion regarding the board's concerns Mr. Corsentino was asked to come back with more information and details about computer protection, safeguarding patient information, communication between the pharmacist at home to pharmacist at work, and more detailed operational procedures.

The request from Bellingham St. Joseph Hospital to allow on-call pharmacists to enter medication orders from home will be deferred until more information is provided.

### **Remote Order Entry Proposal**

Anita Treis pharmacy manager from Providence St. Mary Medical Center is requesting the board to allow on-call pharmacists to enter medication orders from home.

They would like the ability to have on-call pharmacist process medication orders from their home during overnight hours when the hospital pharmacy is closed.

### **Highlights**

- The pharmacist would use an encrypted-protected hospital-owned computer to enter orders.
- All medication retrieval by a nurse or other provider licensed to administer medications would be from the automated drug distribution device.
- All activity of the pharmacist is archived and retrievable.
- Use of the staff hospital pharmacists insures adequate training and knowledge of the pharmacy and hospital systems.
- If the medication that is needed is not in the automated drug distribution device the pharmacist will need to go to the hospital.
- The system used is Pyxis Connect.
- Nurse calls the pharmacist at home to notify them of an order.
- They average three orders a night.

The board shared the same concerns as the previous request. They would like to have more details regarding the protection/security of the patient information on the computer used by the pharmacist at home. The board would also like to see a policy and procedure on where and how the on-call pharmacist works in-home.

The request from Providence St. Mary Medical Center to allow on-call pharmacists to enter medication orders from home will be deferred until more information is provided.

## **DISCUSSION**

### **2009 Annual NABP Meeting**

Board Chair Gary Harris shared highlights of the 2009 National Association of Boards of Pharmacy (NABP) meeting and updated the board members on the resolutions and new officers.

### **Highlights**

- He attended a presentation on Telepharmacy and found it to be extremely educational.
- There were poster sessions the Federal Drug Association (FDA) and the Drug Enforcement Agency (DEA) had booths. Gary had an opportunity to have conversations with both agencies regarding the drug Soma.
- There was a poster session for Florida Board of Pharmacy. The topic was about their Prescription Management Program (PMP). Their program is making a difference and is helping to prevent over prescribing.
- Elections were held. Cathy Lew from the Oregon Board of Pharmacy was elected and is now on the NABP Executive Committee. Gary Schnabel was elected President Elect for NABP.
- All changes to the constitution and bylaws were passed.
- All but one of the Resolutions passed.
  - NABP forming a group to look at mandatory ethics continuing education.
- There was a discussion about standardizing technician education. Washington is in the middle in terms of its pharmacy to pharmacy technician ratio. Some don't have any ratio.

Al Lingii stated it was very clear that Washington is not alone in its budgetary challenges. There were many Board of Pharmacy members that were not able to attend because of financial constraints. This topic was often discussed on the floor between NABP members. A number of states continue to downsize their Boards of Pharmacy.

### **2009 Board/Commission Leadership Forum**

Rebecca Hille led the update to the board on the topics discussed at the Board and Commission Leadership Conference from the Department of Health, Health Systems Quality Assurance 2009 Boards and Commission Leadership Forum.

Rebecca Hille found the discussion regarding the Operating Agreement was very enlightening. A large amount of time was spent on this document. The document was reviewed line by line with additions and deletions.

- Mary Selecky's discussion was to the point about the budget. She was very honest with everyone.
- There was a lot of discussion on the frustration that some boards and commissions do have a surplus of dollars but can not spend them because boards are given spending limits.
- A topic of fees and why they sometimes go up and then back down was discussed. There are some boards and commissions that don't collect enough fees to pay for the operation of their program.
- Washington State purchases vaccines and the charge is for administering them. This is going to be cut by 40%. Rebecca believes this will have a huge impact on our communities.

#### Department of Health/BOP Operating Agreement

Susan Teil Boyer provided the board with a disc with the operating agreement draft documents. She asked the board to take this home and review it for discussion at the next board meeting. .

Joyce Roper informed the board because she serves as council to the Secretary she will need to have another AAG support the board during any discussion regarding the Operating Agreement.

#### **EXECUTIVE SESSION**

The board adjourned for lunch at 12:00 p.m.

*The board reconvened at 1:03 p.m.*

#### **DISCUSSION cont'd**

##### Clallam County Take-Back Program

Tim Fuller gave the board a brief background of the Clallam County Take-Back Program. A group of Clallam County residents have put together a proposal to enable the safe removal of waste pharmaceuticals from the consumer household and to promote public safety in their community. Their program is designed to protect their environment from unwanted pharmaceuticals and to protect their citizens. Tim introduced Joe Cammack from Jims Pharmacy and Cy Frick from Frick's Pharmacy to present their request for the board to approve this program.

#### **Protocol Highlights**

- There will be two drop boxes one for legend non-controlled substances one for legend controlled substances
- Program will only accept unwanted medication from individual consumer (residences).
- Material will be collected in the original containers.
- Users of this program are not allowed to dispose of sharps, biomedical waste, personal care products or general waste.
- Business waste is not permitted.
- Users with controlled drugs will be asked to deposit the material in a secured special box controlled by the police department.
- Pharmacy management will train screening staff prior to beginning the program. Training will be ongoing to assure compliance to this protocol.

- Program manager and staff will generate three identical labels for each box sent to a store. They will be unique box ID number. This helps track the collection.
  - One number goes on the outside of the box.
  - Second number goes onto a copy of the shipping notification form.
  - The third will go on the Chain of Custody form.
- Customer with unwanted drugs must receive assistance from a DESIGNATED member of the pharmacy staff before drugs can be deposited in the secure container.
- Staff retrieves the access key and provides the customer with assistance to be compliant to the protocol.
- When a container is full it will be prepared and sealed as stated in protocol. The secured box will be moved to a location within the pharmacy until Pharmacy Manager retrieves it.
- Each container door is secured with two different-key padlocks.
- First padlock key will be in possession of Pharmacy Staff Members.
- Second padlock key will be in possession of the Pharmacy Manager.
- There are key sign-out logs that will be signed by both key-holders.
- Pharmacy Manager will determine a key rotation schedule.
- Waste boxes shall only be transferred to a disposal company approved by the Washington State Board of Pharmacy (WSBOP).
- The program director shall conduct a program assessment within 60-90 days of initial operation.
- The program director and a Board of Pharmacy investigator shall review program policies and procedure annually.
- WSBOP shall be immediately notified of failure to follow program policies or any incidents in this program.
- The program director shall provide WSBOP with a written plan for correcting any incidents.

Joyce Roper spoke to this request. When this request came forward there was a question on the board's authority to approve these pilot programs. The board clearly has the authority to regulate these medications up to the point the medication reaches the consumer. The board's authority to oversee these programs is not as clear, although the board's general authority might be sufficient. Ideally the board would be securing specific legislative authority so the board could adopt rules for these voluntary take back programs. It is the board's decision whether to continue authorizing these take back programs under its general authority, without specific legislative authority, weighing the overall benefits of the program against the risk of a legal challenge on the question of the board's statutory authority.

The board discussed concerns about any expansion of the take back program to controlled substances in the absence of a waiver, or rule-making, from the DEA authorizing pharmacies to take back controlled substances in this type of program. The board also discussed a federal bill proposed by Congressman Inslee to allow several states to pilot a take back program which includes controlled substances.

**MOTION:** Dan Connolly moved that the board approve the Clallam County Take-Back Program for legend non-scheduled drugs and over-the-counter drugs only. Rosemarie Duffy second. **MOTION CARRIED. 5-0.**

**MOTION:** Dan Connolly requested that staff prepare a letter to be sent to Representative Inslee in support of his federal bill. Dan Connolly also requested that a letter be sent to Mary Selecky in support of the state legislation granting the board specific authority to oversee these programs. Dan Connolly also asked staff to find out if there has been any activity at the DEA since their notice of rule-making issued quite a while ago. Rebecca Hille second. **MOTION CARRIED. 5-0**

#### 2010 Meeting Dates

The board discussed and finalize meeting calendar for 2010. There was some discussion on having a meeting in Eastern Washington in 2010.

Business & Disciplinary Hearing	January 21- 22*, 2010	TBD
Planning Session	March 10, 2010	King Co TBD
Business & Disciplinary Hearing	March 11 -12*, 2010	Kent
Business & Disciplinary Hearing	April 29 – 30*, 2010	Spokane
Business & Disciplinary Hearing	June 17 -18*, 2010	Tumwater
Business & Disciplinary Hearing	August 5 -6*, 2010	Tumwater
Business & Disciplinary Hearing	September 16 -17*, 2010	Tumwater
Business & Disciplinary Hearing	November 4 – 5*, 201	Kent
Business & Disciplinary Hearing	December 16-17*, 2010	Kent

**MOTION:** Rosemarie Duffy moved that the board accept the calendar as is. Al Linggi second.  
**MOTION CARRIED. 5-0.**

#### 2009 – 2010 Travel Plans

The board designated members/staff to attend priority conferences and/or trainings for the 09-10 fiscal year.

September 30 – October 2, 2009	District 6, 7, & 8 NABP Meeting	New Orleans LA	Susan Teil Boyer Al Linggii
October 20 -23, 2009	Annual NASCSA Conference	San Diego CA	Grant Chester
May 22 – 25, 2010	NABP 106 <sup>th</sup> Annual Meeting	Anaheim CA	Susan Teil Boyer Dan Connolly

			Al Linggi
June 20 – 25, 2010	University of Utah School of Alcohol and Other Drug Dependencies	Salt Lake City, UT	Rosemarie Duffy Greggory Lang

#### Proposed Rule Change to WAC 246-869-200 Poison control

Dan Connolly led the discussion for the board to consider initiating the rule process to update/repeal the requirement for pharmacies to maintain a supply of Ipecac syrup in stock at all times.

**MOTION:** Dan Connolly moved that the board approve the removal or strike of WAC 246-869-200 through expedited repeal. Rebecca Hille second. **MOTION CARRIED. 5-0**

#### Delegation for Brief Adjudicative Proceedings

The board discussed signature delegation to a Presiding Officer, designated by the Department of Health, regarding application case # M2009-566.

**MOTION:** Rebecca Hille moved that the board designate signature delegation to a Presiding Officer designated by the Department of Health for case #M2009-566. Dan Connolly second. **MOTION CARRIED. 5-0.**

#### Euthanasia Training Manual

The board was asked to consider adopting the American Veterinary Medical Association (AVMA) Guidelines on Euthanasia as an approved euthanasia training text.

#### Euthanasia Manual and Training Program

The board was asked to consider a request for approval of a euthanasia training guide and program submitted by the American Humane Association.

**MOTION:** Rosemarie Duffy moved the board approve AHA Euthanasia by Injection as a board-approved training program and text and AVMA Guidelines on Euthanasia as a recommended supplemental training reference. Dan Connolly second. Due to deficiencies identified on both items, no vote was taken and motion died.

After some discussion the board agreed that item 4.7.1 did not fully comply with the standards established in rule. The board tabled the discussion for a future meeting. The following deficiencies were identified:

#### Requirements

- The training course did not include references to Washington laws and rules.

- Initial instruction must be provided by a Washington licensed Veterinarian.
- Training program allow participants to opt out of the practical portion of course. Successful completion of both the didactic and experiential components must be required.
- The proposed training program provided no instruction regarding the disposal of syringes and wasted medications.

### Rules Update.

The staff members updated the board on pending rules.

*Correctional Facilities:* Additional changes were made at the meeting on May 7, 2009. This rule is now at the CR102 stage, it may need to come back to the board for language changes. There will be a hearing held at the December 10, 2009 meeting.

*Soma:* The date for the hearing has changed and will now be held at the September 17, 2009 meeting. Tim has continued to compile solid data for the significant analysis.

*Animal Control Agency and Humane Society:* The CR 101 has been filed and the notice for a stakeholder meeting was sent out to the interested parties. The stakeholder meeting will be held July 2, 2009 via video conference with the Spokane office.

*Extended Prescriptions Date:* There is no update.

*Tamper Resistant Pads:* No rule is needed. Doreen Beebe has begun the implementation plan.

### Correspondence

The Board will discuss correspondence received.

- Institute for Safe Medication Practices - May 2009
- National Association of Boards of Pharmacy e-News May 27, 2009
- Letter to Dr. Osmunson
- May HSQA Quarterly Newsletter – Patient Safety Quarterly
- Letter from Language Line Services re: providing prescription information in patient's primary language. Joyce Roper provided the board with some background on these requestors.
- WRAPP – April Updates

### **OPEN FORUM**

*Leon Alzola* spoke on behalf of Washington Recovery Assistance Program for Pharmacists. It seems some sanctions have been added. There are some concerns and WRAPP would like these to be looked at.

WRAPP is reviewing Continued Education requirements and adding something to do with addiction.

WRAPP provided an orientation to some Board of Pharmacy members. The board felt they were getting enough information regarding the program. He thanked the board for sending the members and staff to the orientation.

Leon inquired about the budget for the new biennium. He asked the board to send WSPA notification of the budget.

### **PRESENTATION OF AGREED ORDERS**

**CLOSED SESSION**

**Disciplinary Hearing**

Department of Health  
310 Israel Road SE – Hearings Room  
Tumwater, Washington 98501

**June 19, 2009 9:30 a.m.**

**CANCELLED**

*Respectfully Submitted by:*

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*Leann George, Program Support*

*Approved on July 30, 2009*

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*Gary Harris, Chair*  
*Washington State Board of Pharmacy*